Jefferson-Blount-St. Clair Mental Health Authority

Two Year Plan Guiding Service Development for the Period
October 1, 2015 through September 30, 2017

Catchment Area and Service Population Focus

The adult consumer populations that are the focus of this planning effort include those who suffer from severe and persistent mental illnesses or who suffer from substance abuse disorders and who live in Blount, Jefferson, and St. Clair Counties of Alabama (designated as the M-5 catchment area). This planning effort will also include an examination of services for children/adolescents who have serious emotional disorders or substance abuse disorders.

Vision Statement: *The Jefferson-Blount-St. Clair Mental Health Authority is committed to the provision of high quality services to individuals in the least restrictive setting necessary and appropriate for their care.*

The Authority will strive to follow this vision in all aspects of its operations including the programs directly provided by its staff and in the support that its staff offers to those providers under contract to the Authority. Customer satisfaction, both with directly provided services and contractor services, will provide the barometer by which the Authority will gauge how closely it realizes this vision.

Mission Statement: *The Authority is dedicated to serving individuals who live in Blount, Jefferson, and St. Clair Counties and who suffer from the effects of severe and persistent mental illness, children who suffer from the effects of serious emotional disturbances, and those area citizens who suffer from substance abuse disorders. The Authority will work in concert with the consumers it serves, their family members, and the local providers with whom it contracts for services to assess, prioritize, plan, develop, and implement a comprehensive system of care to address the needs of the area's citizens. Through the programs that it operates the Authority will strive to promote each consumer's human worth, dignity, and quality of life by providing services that are individualized, culturally relevant and empowering and which are provided in a manner that is normalizing and respectful of their rights and responsibilities.*

Overview of Directly and Contracted Services in the Catchment Area

The Authority is responsible for the development and implementation of service plans for the mentally ill and substance abuse populations. It meets these responsibilities through a combination of services that it provides through its own employees and through contractors.

Mental Illness Services. The Authority directly provides the following mental illness services on a catchment area-wide basis:

- Residential programs (group homes, apartments, Foster homes);
- Case management for adults and children;
- PACT services;
- Specialized adult outreach services (e.g. forensic services);
- Specialized children's outreach services;
- Services for homeless individuals through the PATH grant;
- Acute psychiatric care in local hospitals through contractual arrangements;
- Urgent care to rapidly engage adults in psychiatric services.

Contractors engaged to provide outpatient services for mentally ill consumers include Eastside Mental Health Center, the UAB Comprehensive Community Mental Health Center, Western Mental Health Center, the Crisis Center, AIDS Alabama, Gateway, Choices of Alabama, Glenwood, and Capitol Care South. These programs are all certified by the Department of Mental Health (DMH) as either Community Mental Health Centers (Capitol Care South, Eastside, UAB, and Western) or as Certified Community Service Providers (Crisis Center, AIDS Alabama, Gateway, Choices of Alabama). The directors of these providers meet on an as-needed basis with the Authority's director to address service development and coordination issues within the catchment area.

Psychiatric inpatient care for the catchment area is provided through contractual agreements with the University of Alabama Hospital (UAB Hospital), Hill Crest Hospital, and Brookwood Hospital.

Substance Abuse Treatment and Prevention Services. Substance abuse services in the M-5 area are provided through independently certified agencies.

The service contracts between DMH and these providers flowed through the Authority in the past, but were removed from the Authority's contract by DMH at the end of FY12-13. By previous designation by DMH the Authority retains the responsibility for the planning of substance abuse services for its catchment area, and will thus continue in that role during the next two years. The organizations engaged to provide these services include:

- Alcohol and Drug Abuse Treatment Centers, Inc.
- Aletheia House
- Fellowship House
- Gateway, Inc.
- Hope House, Inc.
- Jefferson County Committee for Economic Opportunity • Oakmont Center for Human Services
- St. Anne's Home, Inc.
- UAB Substance Abuse Program.

The substance abuse service agency directors meet with the Authority's director on a regular basis to coordinate treatment and prevention services in the catchment area. The meetings take place every other month through the designated SAMI group (Substance Abuse Mental Illness planning and discussion group). These meetings also provide a forum for the discussion of service development needs for the catchment area. Each provider is responsible for conducting meetings with consumer advisory groups and then provides the input from these groups to the Authority during service planning/coordination meetings.

Human Rights Committee. In addition to its service planning responsibilities, the Authority has also initiated a cross-discipline Human Rights Committee to serve the entire catchment area. All service providers that contract for services through the Authority or that work cooperatively in planning efforts with the Authority have signed agreements to participate on this committee with the Authority.

I. Two Year Service Plan Development

The Authority initiates a structured review process every two years to examine its service continuum for needed areas of expansion or revision. This planning cycle is designed to allow stakeholders within the Authority catchment area to provide

meaningful input the DMH's statewide planning process. The planning process includes periodic meetings with service providers, family members, and consumers throughout the two year planning cycle and a formal review process that is initiated in April of the year in which the two year cycle ends. The process includes focused meetings with each stakeholder group to obtain input into service needs in the area. Monthly service coordination/review meetings that include key stakeholders provide an ongoing review and planning process that allows the Authority to constantly update is service plan and revise the area's continuum of care to meet service needs as they arise. These regular planning/coordination meetings provide a basis from which continuous enhancements can be made to the quality of services provided in the M-5 catchment area.

There are numerous stakeholders that participate in the area's planning process. The Authority's contract service providers are one obvious group of stakeholders. Family member advocacy groups, consumer support groups, and agencies that receive and pay for the Authority's services also contribute to the planning process. In addition to the contractor service planning/review/coordination meetings described earlier in this document, the Authority's director meets monthly with the members of the Family and Consumer Advisory Board to gain the views and opinions of area service consumers and their family members. In addition to this effort, each of the Authority's contractors conducts meetings with its own family/consumer advisory panel in order to gain the views and opinions on services from these groups.

The monthly meetings between the Authority's director and stakeholder representatives provide information regarding the services implemented in the area. The meetings include sessions not only with service contractors but also with family/consumer representatives. Along with these face-to-face meetings, annual surveys of family and consumer satisfaction are conducted to evaluate the perception held in these groups regarding the Authority's services.

A second planning process was initiated in early 2013 at the request of DMH in order to plan mental illness program services. This effort was regional in scope and was brought forward because of the recognized need to outplace people from Bryce Hospital and thus reduce the number of beds operated by Bryce. This planning effort for the Bryce admissions area designated Region 2 by DMH has become the major focus of planning for mental illness services in the Authority's

area. This effort is accomplished through the Region 2 Board of Supervisors (R2BOS) which was formed to help oversee the outplacement of consumers from Bryce into the community in the previous downsizing effort that started in June 2010. The services developed in the Authority's area in the June 2010 project were intended to place 57 people from Bryce Extended Care Units into the Authority's catchment area. This was a majority of the 96 individuals that were the focus of the outplacement effort for Bryce. That project concluded in September 2013 and succeeded in taking 118 beds out of service at Bryce. That reduction was sufficient to allow Bryce to easily move to its new physical plant location which is limited to providing treatment to 268 individuals at any given time. That reduction, however, was wiped out by the closure of Searcy and Greil hospitals in the late summer and fall of 2012. Subsequent to the closure of those two hospitals, the census at Bryce swelled from roughly 224 individuals to close to 300 people in-house on any given day.

A third planning process was initiated in 2014 and rapidly became the major planning effort for the M-5 catchment area. This process is known as "service collaboration" and takes place under special permission granted by the state law that was passed to initiate Medicaid managed care in Alabama. That law established five managed care regions in Alabama. The Authority's catchment area is wholly included in Region B of the Medicaid Regional Care Organization (RCO) districts. As such, the Authority has been represented in planning meetings with other mental health centers and hospitals in Region B, as well as mental health centers in the adjacent Region D RCO district. Medicaid managed care is scheduled to begin in Alabama on October 1, 2016, with some parts of the care management system, called Health Homes, going into effect as of April 1, 2015. This planning process has come to dominate the Authority's planning efforts since October 2014, and will continue that dominance throughout the next two years.

II. Two Year Plan Components

A. Description of the Catchment Area's Population. The 2010 census provides the basic population demographic information for Blount, Jefferson, and St. Clair Counties. In addition, service recipient counts provided by contractors, DMH-supplied needs data (such as the prevention needs data book and the profile of substance abuse treatment needs), and hospitalized patient listings provided by

DMH are used to provide an indication of service populations in the catchment area. The population figures are provided actual census count for 2010.

Blount County was found to have 57.332 residents during the census. Of these, 24.6% are under 18 years of age, 60.7% are 18 to 65 years of age, and 14.7% are 65 years of age or older.
The census found that there were 658,466 residents in Jefferson County. Of these, 23.5% were below the age of 18, 63.4% were adults 18 to 65 years of age, and 13.1% were 65 years of age or older.

The count of residents revealed that St. Clair County had a population of 83,593 residents. Of these, 23.7% were under 18 years of age, 63.2% were 18 to 65 years of age, and 13.1% were 65 years old or older at the time of the census.

The M-5 area had a population of 799,391 according to the 2010 census. This is the largest population of individuals served by any catchment area in the state. Over the last 10 years, this catchment area has seen a total of 2,794 total individuals committed into the care of DMH for treatment of a severe and persistent mental illness. And, 2,640 of these individuals were returned to the area following treatment in a state facility. In fiscal year 2012-2013, 233 people were committed into the state's care from the M-5 area, with 163 people placed at Bryce. As anticipated, the number of commitments from the M-5 area to Bryce fell sharply during the last planning cycle due to the services and supports put into place during that cycle (from 371 total commitments, 273 at Bryce). The probate courts in the three counties of the service area received over 1,400 commitment petitions in the last year, with Jefferson County accounting for the majority of the filed petitions. The need for local acute psychiatric care is obvious when these data are viewed against the total placements into Bryce from Region 2. Jefferson County alone continues to account for 60% of the commitments into the state's care each year.

The three county service area presents a mixed picture of needs for substance abuse treatment and prevention services. Among all of Alabama's counties, Blount County still ranks 56th in terms of needing additional substance abuse services. Jefferson County ranks 23rd in the ranking of service need, while St. Clair County is ranked 45th. In order words, compared to other counties in Alabama, Blount continues to be among the 12 best counties to live when substance abuse is examined. St. Clair is also listed as having a low overall need for substance abuse

treatment services, while Jefferson County received a middleof-the-road ranking in its need for additional services. The three counties presented a mixed picture of the need for substance abuse prevention services according to the DMH Substance Abuse Division's ratings book. Blount County was found to have a very low risk for substance abuse while also having very poor level of protective factors that might reduce the development of substance abuse (rank of 54, which is 13th worst in the state). St. Clair County was ranked very low in protective factors (62nd, 6th worst in the state) but as having a relatively low risk level (17th place). Jefferson County, however, had a very high risk (58th in the state) for youth developing substance abuse problems but there was a decent level of protective factors (rank of 14 statewide, indicating a fairly high level of protection) available to the county's residents.

B. Assessment of Catchment Area Needs. The needs assessment for this two year plan was conducted using a continuous planning method in place of the discrete planning meeting method used in prior years. This change was necessitated by the anticipated start of Medicaid managed care and the style of collaboration meetings required for that process. Planning meetings included service pattern reviews conducted with:

1. Regular monthly family/consumer advisory group meetings;
2. Meeting with NAMI-Birmingham (including family members and consumers);
3. Region 2 Board of Supervisors;
4. Meetings of substance abuse providers regarding prevention and treatment efforts during SAMI planning meetings;
5. Jefferson County access to care meeting held between the mental health centers and representatives of local psychiatric hospital units.
6. RCO collaboration meetings with other providers in RCO Regions B and D.

C. Previous Plan Goals and Impact on the 15-17 2-Year Plan. Planning efforts took into account the funding received in the M-5 area through DMH that funded acute-care efforts. The Bryce outplacement program was initiated during this time frame and has had a significant impact on the average daily census at Bryce. From its starting level of 318 the census dropped down to an average 224 person in residence during any given month. This decrease was overturned by the closure of two state hospitals, and required planning efforts to repeat the downsizing of Bryce once again. Because of the hospital closures the mental illness service Goals

and Objectives put into place by the last planning cycle will be retained for the 15-17 cycle. Increased funding from DMH was received in the last two-year planning cycle to support the efforts, with a total of $7.5 million dollars received by the Authority, much of which was subcontracted to other regional providers. Of that total, $1.73 million was received in addition to $1 million earned in a previous downsizing effort to support programs in the M-5 area. Those funds will be available in FY15-16, but maintaining the funding in FY16-17 will be a high-priority objective in the current plan.

D. Services and Needed Expansion.

Children's Services Expansion. The previous children's program service expansion that took place in the M-5 area will continue to be a focus of support. The outplaced service units at DHR, Family Court, and local school systems need continued local support to stay active and available. The last two years have seen an expansion of children's service units in St. Clair and Blount Counties. The Authority will look for opportunities to sustain this expansion of its program in these two Counties in the coming years. The need for psychiatric services for children remains at the top of the list of needs for children. The Authority will look for service partners so that physician psychiatric services for children can be expanded.

A major impact on the development of children's services will be felt through RCO program development. In RCO Regions B and D there are over 400,000 people who will be enrolled in Medicaid care management. And, children 17 years of age and younger will make up 70% of the total enrollees. This will expose the mental health center providers in Region B and D, and the Authority, to possibly meeting the service needs of 280,000 children.

Mental Illness Service Expansion. Support services recognized as needing expansion include peer-to-peer services, housing, transportation, and additional staffing for mental health centers. Peer counseling and peer mentoring programs have been implemented through the Bryce outplacement program and continue to be eyed for expansion. At this time, Alabama does not recognize peer services for Medicaid reimbursement, but this may change in the future. Development of additional HUD housing opportunities can occur over time depending on the availability of federal funding for supported housing. The other expansion services mentioned, transportation and additional staffing, will require significant infusions of funding to implement.

Crisis services for mentally ill individuals and alternatives to state psychiatric hospitalization comprise the other major category of suggestions for mental illness service expansion. A psychiatric urgent care clinic was implemented during the last two-year cycle. That clinic currently operates on a 40-hour per week basis. The need has been recognized to move the operation of the clinic to a 24-7 platform, and that change will be a major area of planning focus in the FY16-17 period. Additional funding will also be sought in the M-5 area to purchase acute hospital care for individuals facing commitment to the state through probate courts. Substance Abuse Service Expansion. Increasing the availability of detoxification services was easily the most frequently mentioned area of expansion for substance abuse programs. The state currently funds only two residential detoxification programs, with Pearson Hall being one of them. An expansion of such services needs to be considered for the M-5 area, and it was recommended that a range of available services be developed from hospital-based programs to outpatient services. An additional need surfaced in the planning meetings with the recognition of the need for dual-diagnosis treatment settings that are readily available at all levels of care.

E. Resource Development and Allocation. The financial data continue to reveal that 95% of the Authority's funding in any given fiscal year is comprised of state or federal funds that are derived through DMH contracts. It is therefore vital that the Authority continue to participate in the service planning efforts arranged by DMH.

At the present time, expansion of crisis services has been contemplated for this region based on the fact that over half of the residents of Bryce Hospital are from Jefferson County. This is not a new finding, and given the county's population (over 650,000) this fact will remain a constant for many years to come. For this reason, future additional mental illness funds for this region should be applied to services that can divert individuals from placement into the state's care in an inpatient psychiatric facility. Local funding from area governments for such efforts is unlikely to be obtained in the next several years.

III. Goals and Objectives

Mental Illness Goal 1. Expand crisis response services that will provide local hospital care and transitional support services in order to reduce the area's reliance upon state psychiatric hospitals for inpatient care. This goal is clearly in concert with DMH planning efforts.

Objective 1: Funding for this effort has been has already been provided by DMH in the amount of $7.5 million for Region 2 and $2.73 million for the M-5 catchment area. Maintenance of this funding must be a priority in order to sustain the growth in area programs. Attainment of this objective can be measured through the contract supplied to the Authority by DMH for FY15-16 and FY16-17.

Objective 2: Support discharges from DMH facilities to support patient flow through state institutions. Increasing the pace of discharges from Bryce will help reduce hospital overcrowding. The average daily census of Bryce will reflect progress toward this goal, with the services planned to reach an average daily census of 230 at Bryce. Specific to this effort will be the development of additional community residential programs dedicated to individuals adjudicated as NGRI (not guilty by reason of mental disease or defect) by circuit courts. This objective will be measured by the opening of the community NGRI-support resources.

Mental Illness Goal 2. Maintain funding to support the achieved downsizing of Bryce Hospital.

Objective 1: Monitor along with Region 2 service partners the number of beds operated by Bryce Hospital. The average daily census at Bryce will be used to monitor this objective. Bryce must operate no more than 268 beds on any given day to stay within its operational limitation. The Region 2 plan is designed with the outcome of reducing the average daily census to 230 beds in operation in order to allow DMH an operations cushion at Bryce.

Objective 2: Continue to implement the downsizing plan in partnership with Region 2 providers. This objective will be measured by implementation of services to achieve the downsizing and by funding being made available by DMH for these efforts.

Mental Illness Goal 3. Move the Urgent Care Clinic to a 24-7 operational posture and develop crisis residential programs to support rapid entry into care in RCO

Region B. Add another focus of rapid entry into care in Jefferson County through development of a first-break psychosis program.

Objective 1: Expand hours of care at the Urgent Care Clinic and develop at least two crisis residential programs, each providing 16 beds for patients, in Jefferson County.

Objective 2: Maintaining funds in a contract from DMH will allow the urgent care clinic program to continue during FY15-16. Expanded funding will be sought through the development of RCO services in Regions B and D.

Objective 3: In concert with DMH, develop a first-break psychosis treatment program in Jefferson County. This program is intended to engage people 15 to 25 years of age who are experiencing their first episode of florid symptoms of a psychotic illness. The program will use a team approach to care and will follow the structure of what is known as ACT (assertive community treatment) in Alabama. A team of 3 to 4 FTE employees will be constituted to provide the firstbreak program services, and the team will be designed to include a MA-level primary therapist, a BA-level case manager, a nurse, peer support specialists, and family support specialists.

Substance Abuse Goal 1. Seek expansion of substance abuse treatment services in Blount and St. Clair Counties. The Authority has supported the expansion of substance abuse services to Blount County by assisting The Hope House in its efforts to be certified as a substance abuse service provider by DMH.

Objective 1: Support The Hope House in its attempt to expand its services. The Authority has already provided such support by moving funding from one service contractor to Hope House. Additional funding will depend on service funding increases that are made available by DMH. This objective can be measured by looking into Hope House's contract with DMH for increases in funding directed to The Hope House.

Objective 2: Identify a treatment provider that can open and staff a public sector treatment office in St. Clair County. This objective may take quite a while to achieve.

Substance Abuse Goal 2. Increase the availability of detoxification services in the M-5 area. This goal is carried over from the last plan. It was not realized in the past and is still needed. No local funding is available to support such services, and any funding announcement for detox services by DMH will be pursued by providers in the M-5 area.

Thank you for taking the time to review this service development plan. Any questions or comments regarding this plan can be directed to:

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